SENIOR OR HANDICAPPED RESIDENT LAWN CARE PROGRAM

To be eligible to participate in the Senior or Handicapped Resident Lawn Care Program, you must be either a senior age 65 or older or have a handicap which prevents you from cutting the lawn, have earned income of less than \$10,000 and have no other person residing with you who is capable of providing lawn care service. Handicapped residents must provide a doctor's certificate relative to their handicap.

Residents can apply for lawn cutting and leaf pickup service, lawn cutting only, or leaf pickup only. Applications are available at the Village Hall or can be downloaded from the Village website. Residents have the option of paying in full for the entire season or paying in two installments. A check, made payable to the "Village of Walton Hills" for the appropriate amount, should be included with the application. The application is to be mailed or placed in the Village Hall mailbox marked "Senior Lawn Care Program" on the outside of the envelope. All prices include edging driveways and walkways, collecting and disposing of grass clippings, and general trimming around trees and shrubbery.

Lawn cutting season is from approximately April 15th to October 31st. Leaves will be picked up in late fall, depending on weather conditions. Maximum grass height shall be no higher than 3.5 inches throughout the lawn cutting season. The service provider is not responsible for removing leaves from flower/shrub beds. Residents may remove leaves from flower/shrub beds to be picked up by the service provider. Leaves will be placed at the street for removal by the Walton Hills Service Department.

Residents will sign a service agreement detailing the terms of the program with the lawn care provider. Please note that the service agreement is NOT with the Village. It is between the resident and the service provider. The Village is only acting as the bargaining agent for the program. The Village will monitor the performance of the service provider. Any complaints must first go to the provider for correction and not the Village. There will be no priority list and cutting may not take place on the same day each week. Service will be between the hours of 8am to 9pm. Home address must be visible on mailbox.

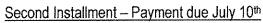
Please keep in mind that full season lawn care payment is due April 10th. If paying in installments, the first installment is due April 10th and the second is due July 10th. For leaf pickup only, payment is due July 10th, but applications must be submitted by April 10th.

Full Season Payment - Due April 10th

Up to 1 acre:	\$ 700.00	(\$ 870.00 with leaf pickup)
1 to 2 acres:	\$ 924.00	(\$1,154.00 with leaf pickup)
2 to 3 acres:	\$1,260.00	(\$1,560.00 with leaf pickup)

First Installment - Payment due April 10th

Up to 1 acre: \$350.00 1 to 2 acres: \$462.00 2 to 3 acres: \$630.00



(With leaf pickup) (Without leaf pickup)

 Up to 1 acre:
 \$520.00
 Up to 1 acre:
 \$350.00

 1 to 2 acres:
 \$692.00
 1 to 2 acres:
 \$462.00

 2 to 3 acres:
 \$930.00
 2 to 3 acres:
 \$630.00

Two (2) Leaf Pickups only - Payment due July 10th - Application must be submitted by April 10th

Up to 1 acre: \$170.00 1 to 2 acres: \$230.00 2 to 3 acres: \$300.00

Applications can be picked up at the Village Hall. If you need an application mailed to you, please call 440.232.7800.

Applications are also available on our Village website.

<u>Village of Walton Hills – Application for Senior or Handicapped Resident Lawn Care</u>

Name:	Date of Birth:	Date of Birth:	
Address:	Telephone Number: ()		
SENIOR RESIDENT: (Complete if age 65 and older)			
I,, hereby a spouse and I am (we are) fully retired with earned residing with me capable of providing lawn care. I fur	certify that I am years of age income less than \$10,000.00, and ther certify that all of the information	e and I live alone or with there is no other person a supplied by me is true.	
Signature of Applicant	Witness		
HANDICAPPED RESIDENT: (Complete if under age	e 65) *Must provide doctor's cert handicap*	tificate relative to the	
I,, hereby certify that I am unable to provide lawn care, because of my handicaliving with me capable of providing lawn care. I further	am handicapped, with earned incorap, which iser certify that all of the information s	ne less than \$10,000.00, , and have no one supplied by me is true.	
Signature of Applicant	Witness		
Service applying for: Lawn cutting and leaf pictures.	ckup	☐ Leaf pickup only	
Payment submitted with application (check one)	☐ First installment ☐ Fu	ıll payment	
**If paying by first installment, second payment, if applying for leaf pickup only, payment will be d		o, will be due July 10 th .	
Approximate size of yard to be cut acre(s) ***********************************	SENIOR OR HANDICAPPED RE	SIDENT LAWN CARE	
participate in the Senior Lawn Care Program, hereby	ich I am requesting participation in rules and regulations of the Villa nent, I hereby grant permission to some upon my private property for llage's approval of my application for Lawn Care Program to the proge the Village of Walton Hills, Cand all claims, demands, damages hereafter have as a result of or aris perty.	renter of the property this program. I further ge's Senior Lawn Care the Village of Walton or the purpose of lawn for lawn care services, perty listed herein, I do Dhio, its successors and a actions and causes of sing from the Village of	
Signature of Applicant	Witness	Date	
For Village Use Only: Date ReceivedAuthor	rized Signature	Date	